



Bib Data Sheet


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| <b>SERIAL NUMBER</b><br>09/515,283 | <b>FILING DATE</b><br>02/29/2000<br><b>RULE</b> - | <b>CLASS</b><br>435 | <b>GROUP ART UNIT</b><br>1641 | <b>ATTORNEY DOCKET NO.</b><br>P-6335.01CIP |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**
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**\*\* CONTINUING DATA \*\*\*\*\***
*This application is a Continuation-in-Part of 08/957,098 10/24/97 ABN*
**\*\* FOREIGN APPLICATIONS \*\*\*\*\***
**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

\*\* 05/12/2000

|   |                               |                            |                           |                                |
|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>TX | <b>SHEETS DRAWING</b><br>- | <b>TOTAL CLAIMS</b><br>16 | <b>INDEPENDENT CLAIMS</b><br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged<br><i>[Signature]</i><br>Examiner's Signature Initials  |                               |                            |                           |                                |

**ADDRESS**
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**TITLE**

Composition and method for treating tissue samples

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>449 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees  |
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